



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Bieringer	Steven	A.	800-676-4065 x7031
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
2480 W. 26 th Ave.	Denver	CO	80210
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			(City) (State) (Zip Code)
2480 W. 26th Ave.			Denver CO 80210

PART II ORGANIZATION

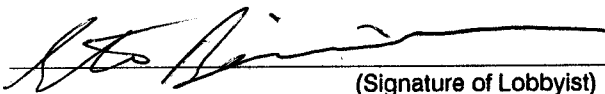
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
American Diabetes Association	808-578-5979
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
1500 S. Beretania	Honolulu HI 96826
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
John G. Gorman Wendy SeFO	808-578-5979
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
1501 N. Beretania 1500 S. Beretania	Honolulu HI 96826 Honolulu HI 96826

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | diabetes related legislation |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.




(Signature of Lobbyist)

1-24-03

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Wendy SeFO	Area Executive Director
NAME OF ORGANIZATION (if applicable)	TELEPHONE
American Diabetes Assoc Hawaii Area	808-578-5979
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
1500 S. Beretania ST.	Honolulu HI 96826
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
	24 Jan 03
(Signature of Authorizing Officer or Person Represented)	(Date)